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MAIL TAX BILLS TO:

7908 Wilson St.
Merrillville, IN 46410

QUITCLAIM DEED

THIS INDENTURE WITNESSETH, that NORMA HOLLINGSWORTH-RICO a/k/a
NORMA HOLLINGSWORTH-PEARCEY

GRANTOR(S) of LAKE County in the State of INDIANA

QUITCLAIM(S) to NORMA HOLLINGSWORTH-RICO a/k/a NORMA HOLLINGSWORTH-PEARCEY
MARK E. HOLLINGSWORTH and VERONICA LYNN PEARCEY, AS JOINT
GRANTEE(S) of LAKE County in the State of INDIANA

in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

Lot 181, in Lincoln Gardens Third Addition, as shown in Plat book 35, Page 33, in Lake County, Indiana, more commonly known as:

7908 Wilson Street
Merrillville, IN 46410

15-360-181

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER.

FEB 21 1996

SAM ORLICH
AUDITOR LAKE COUNTY

MARGARETTE CLEVELAND
RECORDER

96 FEB 21 PM 12:10

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Dated this 20th day of May, 1995.

(Signature)

(Printed Name)

(Signature)

(Printed Name)

Norma Hollingsworth-Rico

(Signature)

NORMA HOLLINGSWORTH-RICO a/k/a
(Printed Name) NORMA HOLLINGSWORTH-PEARCEY

(Signature)

(Printed Name)

STATE OF INDIANA
COUNTY OF LAKE SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 20th day of May, 1995, personally appeared: NORMA HOLLINGSWORTH-RICO a/k/a
NORMA HOLLINGSWORTH-PEARCEY

and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: March 10, 1997

Signature *Antoinette Krupa*

Resident of LAKE County Printed ANTOINETTE KRUPA, Notary Public

STATE OF _____
COUNTY OF _____ SS:

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 199____, personally appeared:

and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: _____ Signature _____

Resident of _____ County Printed _____, Notary Public

This instrument prepared by JOS. S. IRAK, 506 E. 86th Av., M'ville, IN 46410 Attorney at Law
Attorney Identification No. 4851-45 (219) 769-4552

MAIL TO:



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